

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-019448

STATE FILE NUMBER

Registration District No. 71

Primary Registration District No. 3012

Registrar's No. 70

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Excelsior Springs		Length of stay in 1b lifetime	c. CITY OR TOWN Excelsior Springs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Excelsior Springs Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 701 Old Orchard
3. NAME OF DECEASED (Type or print) First James Middle G Last Rainwater		4. DATE OF DEATH Month May Day 13 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 8-8-1893
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawn Service		10b. KIND OF BUSINESS OR INDUSTRY Gardening	9. AGE (last birthday) 69
11. BIRTHPLACE (City and state or country) Lawson, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME James I. Rainwater		13b. MOTHER'S MAIDEN NAME Minnie W. Robinette	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) No		17. INFORMANT Mrs. Margaret Baugher, Wakeeney, Kans.	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) pneumonia and massive pulmonary embolism, left. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Compression of left pulmonary artery DUE TO (c) Branchogenic Ca at bifurcation of trachea		INTERVAL BETWEEN ONSET AND DEATH 6 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 10:40 a.m. p.m.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from Oct 1952 to 13 May '63 and last saw her alive on 13 May '63 Death occurred at 10:40 am on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) George E. Sanders M.D.		22b. ADDRESS Excelsior Springs, Mo.	22c. DATE SIGNED 5-14-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-15-1963	23c. NAME OF CEMETERY OR CREMATORY Lawson	23d. LOCATION (City, town, or county) (State) Lawson, Missouri
24. FUNERAL DIRECTOR Prichard Funeral Home, Inc.		25. DATE RECD. BY LOCAL REG. 5-13-63	26. REGISTRAR'S SIGNATURE Caroline Hutchings

USE BLACK INK
OR
TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

MAY 28 1963

Permit record 5-13-63 B.H.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Ralph Van Landingham

Licensed Embalmer No. *44009*

Helena Springs, Mo.

U. S. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.